

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51	/								
2							52	/								
3							53	/								
4							54	/								
5							55	/								
6							56	/	/							
7							57		①							
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42		/					92									
43		/					93									
44	/						94									
45		/					95									
46		/					96									
47	/						97									
48	/						98									
49	/						99									
50	/						100									
TOTAL IND.							TOTAL IND.	14								
TOTAL DEP.							TOTAL DEP.	11								
TOTAL CLAIMS							TOTAL CLAIMS	25								